

AUTHORIZATION FOR RELEASE OF FBI INFORMATION

(For official use only, not to be released to unauthorized persons.)

I hereby empower any employee of _____
to obtain through the Wisconsin Department of Justice, a copy of any arrest record maintained
by the Federal Bureau of Investigation associated to me pursuant to a search based on a
submitted set of fingerprints within one year of the date on this form.

I also understand that federal law prohibits the sharing of this information with anyone other than
an employee of the organization granted permission by this release.

Full Name: _____
Signature

Current Address: _____
Street & Number

City/State/Zip

Date: _____

Witness: _____